

WORK MEASUREMENT PLAN AND SCHEDULE

COST ACCOUNTING CODE a	ORGANIZATION OR FUNCTION b	AUTHORIZED PERSONNEL c	TYPE OF STANDARD d	POTENTIAL COVERAGE e	CUMULATIVE COVERAGE BY QUARTER									
					FY _____				FY _____					
					f	g	h	i	j	k	l	m	n	
					P									
					A									
					P									
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					A									
1. NAME AND TITLE (<i>Typed</i>)				2. SIGNATURE								3. DATE PREPARED		

METHOD OF APPROACH AND ASSIGNMENT OF ANALYSIS

AREAS	PLANNED COVERAGE	METHOD OF APPROACH							
		ENGINEERED				NON-ENGINEERED		MANHOUR AND STAFFING PATTERN	
		STANDARD TIME DATA	PRE- DETERMINED TIME DATA	TIME STUDY	WORK SAMPLING	TECHNICAL ESTIMATE	STATISTICAL		
o	p	q	r	s	t	u	v	w	